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CONFIRMATION NO. 7110

|                             |                                       |              |                        |                                     |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>10/759,538 | FILING DATE<br>01/20/2004<br><br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1614 | ATTORNEY<br>DOCKET NO.<br>P-5466-US |
|-----------------------------|---------------------------------------|--------------|------------------------|-------------------------------------|

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/441,308 01/22/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\* NONE

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/22/2004

|   |  |                           |                        |                       |                            |
|---|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>TN | SHEETS<br>DRAWING<br>8 | TOTAL<br>CLAIMS<br>95 | INDEPENDENT<br>CLAIMS<br>4 |
| Verified and<br>Acknowledged                                | Examiner's Signature <i>CEW</i><br>Initials  |                           |                        |                       |                            |

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## TITLE

Treating androgen deficiency in female (ADIF)-associated conditions with SARMS

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|----------------------------|---|--|
| FILING FEE<br><br>RECEIVED | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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